

Golden Age Social Club of Edgewood, KY, Inc.

(Carol Fitzwater-President)

Membership Application

Date: _____

Name: _____ Date of Birth: _____
(mm/dd/yyyy)

Spouse: _____ Date of Birth: _____
(mm/dd/yyyy)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

In Case of Emergency call:

Name: _____ Relationship: _____

Phone: (____) _____ Cell Phone: (____) _____

Hobbies:

Self: _____

Spouse: _____

Signed: _____

Signed: _____

Membership is July 1st thru June 30th . Dues are payable by June 30th of each year.

Mail form and a check, \$15 per person made out to:

GOLDEN AGE SOCIAL CLUB

mail to:

G.A.S.C.

Attn: Phillip Landwehr

3061 Winding Trails Drive

Edgewood, KY 41017

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